

**RECORD OF  
COMMUNICATION** PHONE CALL     TELEGRAPH     FIELD TRIP     CONFERENCE OTHER SPECIVS    Ten page form

(Record of items checked above)

TO:

Dr. Richard Spear

FROM:

James Perazzo

DATE

1-15-81

TIME

SUBJECT

*Town of North Hempstead*  
DENTON AVE. MUNICIPAL LANDFILL (TDD# 02-8011-61)**SUMMARY OF COMMUNICATION**

The North Hempstead or Denton Ave. Municipal Landfill was in operation from 1951 to 1974. In 1961, the northern section was open to accept all types of municipal wastes (e.g. paper, demolition debris, wood, etc.). In 1965-1974, incinerator residues were deposited in the northern section. It is unknown whether any industrial waste was dumped at this site. However, it was the only operating landfill in the area (primarily residential). Prior to the landfill, this site was a sand mining operation which indicates a high hydraulic conductivity of the underlying strata.

The southern section, closed in 1967, received a cap of sandy loam mixed with clay and subsequently was converted into a park with assorted recreational facilities. The northern section was closed in 1974.

There is a recharge sump dividing the northern and southern sections and although the Nassau Co. Department of Public Works maintains three test wells, (one well south south west of site and the other two east of the site), the sump has never been sampled to determine if leachate is contaminating recharge water. Located in the western portion of the northern site are forty methane vents. These vents were tested in July of 1980 by the Nassau Co. Health Dept. to determine concentrations of methane. Vinyl Chloride Analysis was done on those vents exhibiting the highest methane concentrations (2-4 vents) and none was found.

**CONCLUSIONS, ACTION TAKEN OR REQUIRED**

FCH recommends that samples be taken from the recharge sump and nearby wells to identify any possible leachate contamination. Although some vents were analyzed by Nassau Co. Health Dept. for vinyl chloride, FCH is not in full agreement with the methodology employed. The Health Dept. selected those vents exhibiting the highest concentrations of methane for vinyl chloride analysis. This may not be a true test and additional vinyl chloride surveying with an organic vapor analyzer is recommended.

**INFORMATION COPIES**

TO:



POTENTIAL HAZARDOUS WASTE SITE  
SITE INSPECTION REPORT

II

ny 5/23/81

**GENERAL INSTRUCTIONS:** Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-235); 401 M St., SW; Washington, DC 20460.

<b>A. SITE NAME</b>		<b>B. SITE IDENTIFICATION</b>		
Former Town Landfill		Denton Ave. & Hillside Ave.		
Denton Ave. in Town of N. Hempstead Landfill		STREET ADDRESS		
		CITY		
New Hyde Park (Town of)		D. STATE NY ZIP CODE 11040 E. COUNTY NAME Nassau County		
<b>G. SITE OPERATOR INFORMATION</b>				
1. NAME Town Hall				
Town of North Hempstead				
2. STREET Plandome Road		3. CITY Manhasset		
		D. STATE NY ZIP CODE		
<b>H. REALTY OWNER INFORMATION (if different from operator of site)</b>				
1. NAME Town Hall				
Town of North Hempstead				
2. STREET Plandome Road		3. CITY Manhasset		
		D. STATE NY ZIP CODE		
<b>I. SITE DESCRIPTION</b>				
Former Town Landfill/Now southern section is a municipal park.				
<b>J. TYPE OF OWNERSHIP</b>				
<input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input checked="" type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE				
<b>II. TENTATIVE DISPOSITION (complete this section last)</b>				
<b>A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, &amp; yr.)</b>		<b>B. APPARENT SERIOUSNESS OF PROBLEM</b>		
January 6, 1981		<input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE		
<b>C. PREPARED INFORMATION</b>				
1. NAME James Perazzo		2. TELEPHONE NUMBER (201) 621-6800		3. DATE (mo., day, & yr.) January 6, 1981
<b>III. INSPECTION INFORMATION</b>				
<b>A. PRINCIPAL INSPECTOR INFORMATION</b>				
1. NAME Gregory Shkuda		2. TITLE Sr. Chemist		4. TELEPHONE NO. (area code & no.)
3. ORGANIZATION Fred C. Hart Associates, Inc.				(201) 621-6800
<b>B. INSPECTION PARTICIPANTS</b>				
1. NAME James Perazzo		2. ORGANIZATION Fred C. Hart Associates, Inc.		3. TELEPHONE NO. (201) 621-6800
<b>C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, etc.)</b>				
1. NAME Howard Schaffer		2. TITLE & TELEPHONE NO. Eng. (516) 535-3314		3. ADDRESS Nassau County Health Dept.
				Old Country Road Mineola, NY
Joe Schechter		Sr. Chemist		Nassau County Health Dept.
		(516) 535-3314		Old Country Road Mineola, NY

## III. INSPECTION INFORMATION (continued)

## D. GENERATOR INFORMATION (Complete if applicable)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Sanitation Collection		Town of North Hempstead	Municipal

## E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
Same as above			

## F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
N/A		

G. DATE OF INSPECTION  
(Mo., Day, & Yr.)      H. TIME OF INSPECTION

11/25/80      2:30 PM

I. ACCESS GAINED BY: (credentials must be shown in all cases)

 1. PERMISSION 2. WARRANT

## J. WEATHER (describe)

Cloudy and cold

## IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
A. GROUNDWATER			
B. SURFACE WATER			
C. WASTE			
D. AIR			
E. RUNOFF			
F. SPILL			
G. SOIL			
H. VEGETATION			

OTHER (specify)  
Analysis of methane  
for vinyl chloride

X      Samples were taken by Nassau Co. Health Dept.

7/2/80

FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
	N/A	

Continued From Page 2

## IV. SAMPLING INFORMATION (continued)

## C. PHOTOS

## 1. TYPE OF PHOTOS

1. GROUND       2. AERIAL

## C. SITE MAPPED?

## D. YES, SPECIFY LOCATION OF MAPS:

Sketch attached

## 3. PHOTOS IN CUSTODY OF:

Nassau County Health Dept. and FCH

## E. COORDINATES

## 1. LATITUDE (deg.-min.-sec.)

40° 44' 51"

## 2. LONGITUDE (deg.-min.-sec.)

73° 40' 31"

## V. SITE INFORMATION

## A. SITE STATUS

1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

2. INACTIVE (Those sites which no longer receive wastes.)

3. OTHER (specify):  
These sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.

## B. IS GENERATOR ON SITE?

 1. NO 2. YES (specify generator's four-digit SIC Code):

## C. AREA OF SITE (in acres)

40 acres

## D. ARE THERE BUILDINGS ON THE SITE?

 1. NO 2. YES (specify): Park recreation facilities

## VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
<input checked="" type="checkbox"/>	1. RAIL		1. PILE		1. FILTRATION	<input checked="" type="checkbox"/>	1. LANDFILL
<input checked="" type="checkbox"/>	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION	<input checked="" type="checkbox"/>	2. LANDFARM
<input checked="" type="checkbox"/>	3. BARGE		3. DRUMS		3. VOLUME REDUCTION	<input checked="" type="checkbox"/>	3. OPEN DUMP
<input checked="" type="checkbox"/>	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY	<input checked="" type="checkbox"/>	4. SURFACE IMPOUNDMENT
<input checked="" type="checkbox"/>	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS./TREATMENT	<input checked="" type="checkbox"/>	5. MIDNIGHT DUMPING
<input checked="" type="checkbox"/>	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT	<input checked="" type="checkbox"/>	6. INCINERATION
					7. WASTE OIL REPROCESSING	<input checked="" type="checkbox"/>	7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY	<input checked="" type="checkbox"/>	8. OTHER (specify):
					9. OTHER (specify):		

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this form.

1. STORE       2. INCINERATION       3. LANDFILL       4. SURFACE IMPOUNDMENT       5. DEEP WELL
6. CHEM/BIO/PHYS TREATMENT       7. LANDFARM       8. OPEN DUMP       9. TRANSPORTER       10. RECYCLER/RECLAIMER

## VII. WASTE RELATED INFORMATION

## A. WASTE TYPE

1. LIQUID       2. SOLID       3. SLUDGE       4. GAS

## B. WASTE CHARACTERISTICS

- |                                       |                                       |  |   |
|---------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> 1. CORROSIVE | <input type="checkbox"/> 2. IGNITABLE | <input type="checkbox"/> 3. RADIACTIVE       | <input type="checkbox"/> 4. HIGHLY VOLATILE |
| <input type="checkbox"/> 5. TOXIC     | <input type="checkbox"/> 6. REACTIVE  | <input checked="" type="checkbox"/> 7. INERT | <input type="checkbox"/> 8. FLAMMABLE       |

C. OTHER (specify): Municipal refuse, commercial waste, wood, paper, etc.

D. WASTE CATEGORIES  
1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

No

### VII. WASTE RELATED INFORMATION (Continued)

2. ESTIMATE THE AMOUNT (SPECIFY UNIT OF MEASURE) OF WASTE BY CATEGORY; MARK 'X' TO INDICATE WHICH WASTES ARE PRESENT		3. CHEMICALS					
A. SLUDGE AMOUNT	B. OIL AMOUNT	C. SOLVENTS AMOUNT	D. CHEMICALS AMOUNT	E. SOLIDS AMOUNT	F. OTHER AMOUNT		
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (11) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (11) OILY WASTES	<input checked="" type="checkbox"/> (11) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (11) ACIDS	<input checked="" type="checkbox"/> (11) FLYASH	<input checked="" type="checkbox"/> (11) LABORATORY, PHARMACEUT.		
<input checked="" type="checkbox"/> (12) METALS SLUDGES	<input checked="" type="checkbox"/> (2) OTHER(specific):	<input checked="" type="checkbox"/> (12) NON-HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (12) PICKLING LIQUORS	<input checked="" type="checkbox"/> (12) ASBESTOS	<input checked="" type="checkbox"/> (12) HOSPITAL		
(13) POTW		<input checked="" type="checkbox"/> (3) OTHER(specific):	<input checked="" type="checkbox"/> (13) CAUSTICS	<input checked="" type="checkbox"/> (13) MILLING/MINE TAILINGS	<input checked="" type="checkbox"/> (13) RADIOACTIVE		
(14) ALUMINUM SLUDGE			<input checked="" type="checkbox"/> (14) PESTICIDES	<input checked="" type="checkbox"/> (14) FERROUS SMELT- ING WASTES	<input checked="" type="checkbox"/> (14) MUNICIPAL		
(15) OTHER(specific):			<input checked="" type="checkbox"/> (15) DYES/INKS	<input checked="" type="checkbox"/> (15) NON-FERROUS SMELTING WASTES			
			<input checked="" type="checkbox"/> (16) CYANIDE	<input checked="" type="checkbox"/> (16) OTHER(specific):	<input checked="" type="checkbox"/> (16) OTHER(specific): Municipal incinerator residue		
			<input checked="" type="checkbox"/> (17) PHENOLS				
			<input checked="" type="checkbox"/> (18) HALOGENS				
			<input checked="" type="checkbox"/> (19) PCB				
			<input checked="" type="checkbox"/> (20) METALS				
			<input checked="" type="checkbox"/> (21) OTHER(specific):				

### D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (Mark 'X')			3. TOXICITY (Mark 'X')			4. CAS NUMBER	5. AMOUNT	6. UNIT
	D. SOL. LID	D. LIQ. LID.	C. VA. PDR	C. HIGH	C. MED.	C. LOW			
N/A	-	-	-	-	-	-	-	-	-

### VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

#### A. HUMAN HEALTH HAZARDS

Possible contamination of the recharge sump by leachate. Methane gas nuisance to occupants and surrounding residents. The southern portion of this site is now a park.

VIII. HAZARD DESCRIPTION (continued)

G. NON-WORKER INJURY/EXPOSURE

H. WORKER INJURY/EXPOSURE

I. CONTAMINATION OF WATER SUPPLY

J. CONTAMINATION OF FOOD CHAIN

K. CONTAMINATION OF GROUND WATER

If leachate, from the inactive landfill is migrating into the recharge sump (located between the northern and southern sections of the landfill) possible groundwater contamination can result.

L. CONTAMINATION OF SURFACE WATER

VIII. HAZARD DESCRIPTION (cont'd)

N. DAMAGE TO FLORA/FAUNA

I. FISH KILL

J. CONTAMINATION OF AIR

Forty 30 foot methane vents located in the north east section of the landfill are designed to that height to prevent a gas nuisance from developing. However, recent Long Island landfill investigations have shown vinyl chloride concentrations in the presence of methane. Although Nassau Co. Health Dept. did conduct a vinyl chloride survey in July of 1980, FCH is not in complete agreement on the sampling techniques employed.

K. NOTICEABLE ODORS

None

L. CONTAMINATION OF SOIL

M. PROPERTY DAMAGE

VIII. HAZARD DESCRIPTION (continued)

N. FIRE OR EXPLOSION

O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

P. SEWER, STORM DRAIN PROBLEMS

Q. EROSION PROBLEMS

R. INADEQUATE SECURITY

S. INCOMPATIBLE WASTES

Unknown

## VIII. HAZARD DESCRIPTION (continued)

 T. MIDNIGHT DUMPING U. OTHER (Specify):

This area is of particular interest because of the recharge sump located between the northern and southern sections of this landfill. Prior to the landfill, this site was utilized as a sand mining operation indicating the high permeability of the area. Leachate may be percolating into the ground water and or recharge sump. Since the sump has never been sampled, FCH suggests a sampling program to be conducted on a low priority basis.

## IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (Specify units)
1. IN RESIDENTIAL AREAS		1000-2000	500 homes	½ mile
2. IN COMMERCIAL OR INDUSTRIAL AREAS				
3. IN PUBLICLY TRAVELED AREAS				
4. PUBLIC USE AREAS (parks, schools, etc.)	approx. 200	800	10-15 bldgs.	¼ mile

## X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (Specify units) 40-65 feet	B. DIRECTION OF FLOW south-southwest	C. GROUNDWATER USE IN VICINITY 2 Public supply wells east of the site.
D. POTENTIAL YIELD OF AQUIFER Unknown	E. DISTANCE TO DRINKING WATER SUPPLY (Specify units of measure) approx. 300 feet	F. DIRECTION TO DRINKING WATER SUPPLY east of site
G. TYPE OF DRINKING WATER SUPPLY		
<input type="checkbox"/> 1. NON-COMMUNITY <18 CONNECTIONS	<input checked="" type="checkbox"/> 2. COMMUNITY (Specify units: >18 CONNECTIONS) Garden City Park Water Supply and Jamacia Water Supply	
<input type="checkbox"/> 3. SURFACE WATER	<input checked="" type="checkbox"/> 4. WELL	

## X. WATER AND HYDROLOGICAL DATA (continued)

H. LIST ALL DRINKING WATER WELLS WITHIN A 1/8 MILE RADIUS OF SITE

I. WELL	II. DEPTH (feet/feet below sea level)	III. LOCATION (proximity to buildings/roads/buildings)	IV. MONITORING CROSS SECTION 'X'	V. CONDUCTIVITY THRESHOLD 'X'
N3672	452 ft.	Between intersection of Denton and Marcus Ave.		X
N3673	433 ft.	Between intersection of Denton and Marcus Ave.		X
		Well #N3673 is closed due to N03 and TCE		

## I. RECEIVING WATER

1. NAME

N/A

 2. SEWERS 3. STREAMS/RIVERS 4. LAKES/RESERVOIRS 5. OTHER (specify):

## G. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

## XI. SOIL AND VEGETATION DATA

LOCATION OF SITE IS IN:

 A. KNOWN FAULT ZONE B. KARST ZONE C. 100 YEAR FLOOD PLAIN D. WETLAND E. A REGULATED FLOODWAY F. CRITICAL HABITAT

Outwash plain deposits

 G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

## XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

A. COVERBURDEN	B. BEDROCK (specify below)	C. OTHER (specify below)
X 1. SAND	Crystalline metamorphic and igneous rocks, muscovite, biotite, schists,	
X 2. CLAY	gneiss and granite.	
3. GRAVEL		

## XIII. SOIL PERMEABILITY

 A. UNKNOWN B. VERY HIGH (.000,000 to .000 cm/sec.) C. HIGH (.000 to .00 cm/sec.) D. MODERATE (.00 to .1 cm/sec.) E. LOW (.1 to .001 cm/sec.) F. VERY LOW (.001 to .00001 cm/sec.)

## G. RECHARGE AREA

 1. YES     2. NO

3. COMMENTS: Recharge sump located between the two sections

## H. DISCHARGE AREA

 1. YES     2. NO

3. COMMENTS:

## I. SLOPE

1. ESTIMATE % OF SLOPE

~0.2%

3. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

South, south westerly direction

## J. OTHER GEOLOGICAL DATA

Mostly Harbor hill deposits consisting of well sorted stratified brown sand and gravel of fluvioglacial origin; may also include Ronkonkoma deposits generally of a high hydraulic conductivity.\*

- \* Fuller, M.L., 1914, Geology of Long Island, NY USGS, Prof Pap. 82
- Perlmuter, N.M. and Geraghty, J.J., 1963, Geology and Groundwater conditions in Southern Nassau and South Eastern Queens Co. L.I., NY, USGS Water Supply Paper 1613-A

**LANDFILLS SITE INSPECTION REPORT**  
 (Supplemental Report) (TDD# 02-8011-01)

**INSTRUCTION**

Answer and Explain  
 as Necessary.

**1. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc.)**

YES  NO

**2. EVIDENCE OF IMPROPER DISPOSAL OF BULK LIQUIDS, SEMI-SOLIDS AND SLUDGES INTO THE LANDFILL**

YES  NO

**3. CHECK RECORDS OF CELL LOCATION AND CONTENTS AND BENCHMARK**

YES  NO

**4. WASTES SURROUNDED BY SORBENT MATERIAL**

YES  NO

**5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED**

YES  NO

**6. EVIDENCE OF PONDING OF WATER ON SITE**

YES  NO

**7. EVIDENCE OF IMPROPER/INADEQUATE DRAINING**

YES  NO

**8. ADEQUATE LEACHATE COLLECTION SYSTEM (If "Yes", specify Type)**

YES  NO N/A

**8a. SURFACE LEACHATE SPRING**

YES  NO

**9. RECORDS OF LEACHATE ANALYSIS**

YES  NO N/A

**10. GAS MONITORING**

YES  NO

**11. GROUNDWATER MONITORING WELLS**

YES  NO

**12. ARTIFICIAL MEMBRANE LINER INSTALLED**

YES  NO

**13. SPECIFIC CONTAINMENT MEASURES (Clay Bottom, Sides, etc.)**

YES  NO

**14. FIXATION (Stabilization) OF WASTE**

YES  NO

**15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY**

YES  NO A cap of sandy loam with clay overlies southern section (park).

**16. COVER (Type)**

Compacted soil with vegetative growth (grass)

**16a. THICKNESS**

Unknown

**16b. PERMEABILITY**

Unknown

**16c. DAILY APPLICATION**

YES  NO

Site is inactive

**XIV. PERMIT INFORMATION**

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (MM/DD/YY)	E. EXPIRATION DATE (MM/DD/YY)	F. IN COMPLIANCE STATUS ('X')
					G. YES H. NO I. UNKNOWN
N/A					

**XV. PAST REGULATORY OR ENFORCEMENT ACTIONS** NONE YES (summarize in this space)

N/A

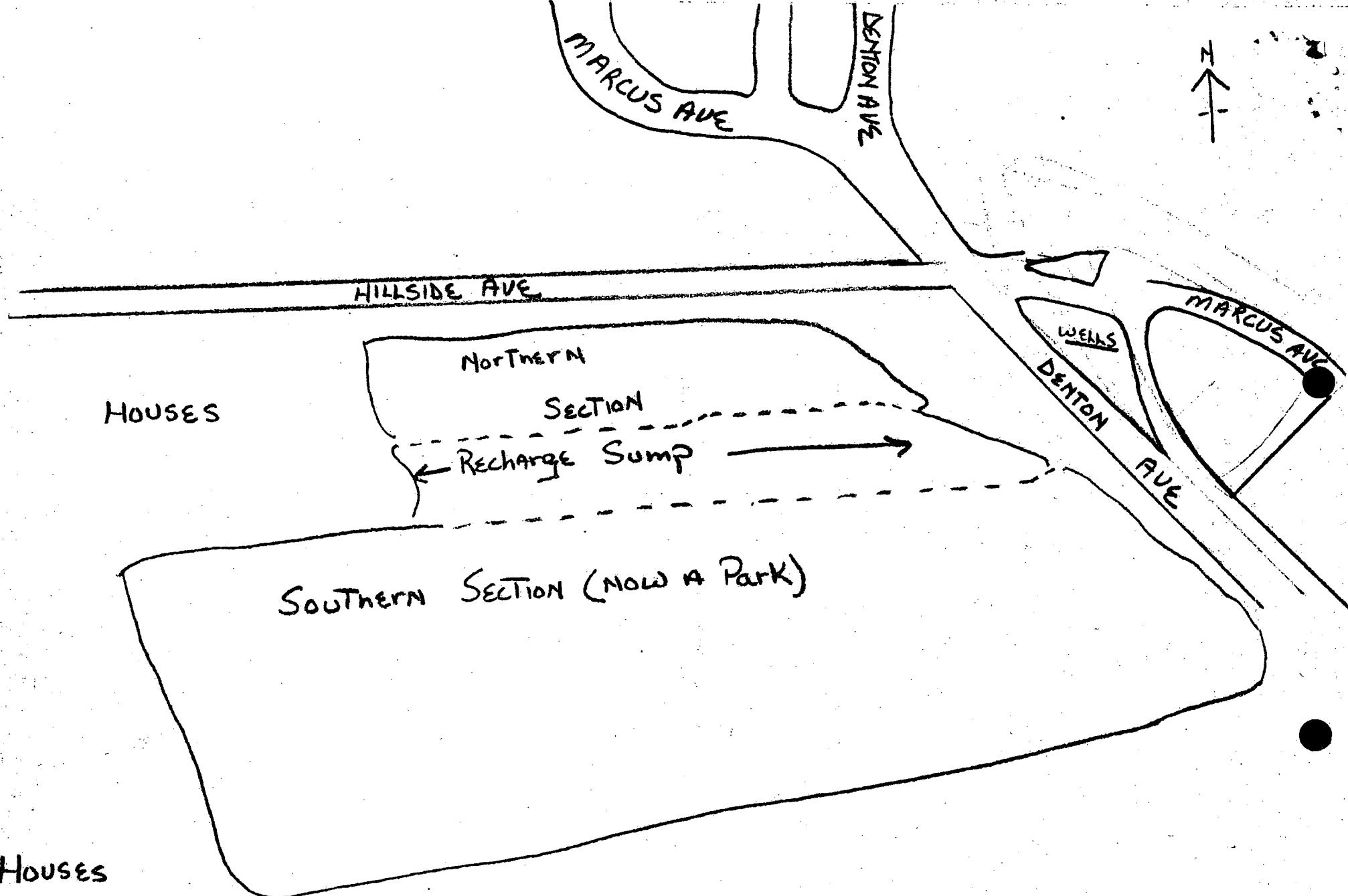
**NOTE:** Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.

# USGS QUAD LYNNBROOK

STATE OF NEW YORK  
DEPARTMENT OF TRANSPORTATION

6265 SW  
(SEA CLIFF)





SKETCH MAP

DENTON AVE or N. HEMPSTEAD LANDFILL  
New Hyde Park, L.I., N.Y. (INACTIVE) No scale